



2022 Pascack Hills Jr. Volleyball Clinic

THIS REGISTRATION FORM MUST BE SIGNED AND POSTMARKED BY April 1st.

How to register:

1. Please complete and sign the Registration Form for **each** player (ONE FORM PER PLAYER).
2. Registration fee is **\$70.00 per player** (\$200.00 maximum per family). Please make checks payable to **PH Volleyball**.
3. **Mail to:**
Attn: Lindsay Runge
225 West Grand Avenue
Montvale NJ 07645
4. Space is limited. *We are capping each age group at 50 participants.* Sign up early to ensure that you do not get closed out.

Clinic Information

The **Pascack Hills Volleyball Association** will offer boys and girls the opportunity to participate in its 14th annual season of volleyball clinics. Students, grades K – 8, are invited to sign up. The program will run from **April 26 – May 25**. The high school/middle school volleyball coaches, and former and current volleyball players from Pascack Hills will direct the clinics.

The Schedule is as follows:

Week 1:	Tuesday 4/26 and Thursday 4/28
Week 2:	Wednesday 5/4
Week 3:	Wednesday 5/11
Week 4:	Wednesday 5/18
Week 5:	Wednesday 5/25

Times for each age group:

5:15-6:15 grades K - 2

6:15-7:15 grades 3 - 5

7:15-8:15 grades 6 – 8

The Pascack Hills Gymnasium will be used for all dates

For more information, please contact: Head Volleyball Coach: Lindsay Runge, Lrunge@pascack.org

Uniforms: Each player will be supplied with a clinic tee shirt. It is highly recommended that each player wear shorts, knee pads and appropriate gymnasium shoes (sneakers). Equipment can be purchased from Sports Expert in Hillsdale. Dick's Sporting Goods also carries volleyball equipment.



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Registration Form:

Participant Name _____

Grade _____

☐ Boy

☐ Girl

Special Medical Information/Special Requests: _____

Address _____

Telephone Number: _____

Emergency Number _____

Email address _____

Select the **t-shirt size** to be provided: ☐ YM (Child Size 6-8) ☐ YL (Child Size 10-12) ☐ AS ☐ AM ☐ AL

IMPORTANT: Registration form must be signed and postmarked with payment by April 1st. One Registration Form per player.

Registration Fee is \$70.00 per player (maximum per family \$200.00)

Please make check payable to: PH Volleyball. Mail To: ATTN: Lindsay Runge, 225 W Grand Avenue, NJ 07645

I waive any claim against the Pascack Hills Volleyball Association or any of its agents for damages that may arise as a result of my child's participation in this program. In the event my child is injured and I cannot be readily reached, I give permission to my child's coach or assistant to authorize medical attention, which is recommended by a registered physician. Further, I understand that any expenses that may arise will be my responsibility, as the Pascack Hills Volleyball Association does not carry insurance for these purposes.

Parent/Guardian Signature _____

PERMISSION AND RULES

IMPORTANT: BOTH PARENTS MUST READ & SIGN THIS STATEMENT

We/I hereby enroll our/my child in the 2022 Pascack Hills Jr. Volleyball Association program. In signing this application, I/we certify that he/she is healthy and free of problems that could adversely affect his/her participation with other registrants. I/we understand that my/our child and parents must comply with the Volleyball Association's rules and standards of conduct and that the Association may suspend or terminate my/our child's participation in the program if he/she or I/we do not maintain these standards.

AS A PARENT I HEREBY PLEDGE TO PROVIDE SUPPORT, CARE, AND ENCOURAGEMENT FOR ALL CHILDREN PARTICIPATING IN THE JR. VOLLEYBALL CLINIC:

(PARENT OR GUARDIAN SIGNATURE)

(PARENT OR GUARDIAN SIGNATURE)